



**Eric Morrison, DDS
Comfort Dental
Proponent Testimony on Substitute House Bill 33
Senate Medicaid Committee
May 4, 2023**

Chairman Romanchuk, Ranking Member Ingram and members of the committee, thank you for the opportunity to provide testimony on Substitute House Bill 33, specifically the provisions funding Ohio's Medicaid dental service program.

My name is Dr Eric Morrison and I oversee Ohio's twenty-five doctor-owned franchise dental practices, operating with model that predominantly treats Medicaid adults and children. Our group is one of the largest Medicaid dental providers in the state. Most of our offices see 50-100 patients a day. Approximately 80% of them are Medicaid patients.

We are able to meet the needs of Medicaid patients because of a unique business model that requires us to be open for extended hours six days a week, hire smartly, and share administrative costs with our franchise partners. I am here to give you a first-person look at why that model, and the state's safety net of Medicaid dental providers, is in jeopardy.

We are grateful to Governor DeWine and to the House for recognizing the looming crisis is dental access to care and for including additional funding in Substitute House Bill 33 for Medicaid dental services.

Before I go further, I want to emphasize that I understand your role here is not to fund specific billing codes and services. Comfort Dental has engaged for years in dialogue with the Ohio Department of Medicaid on fees and services, and we will do so again after this budget is enacted to help ODM target additional funding to critical services. We are asking the legislature to fund the provider services lie item so that the results of our dialogue with ODM moves dental fees significantly closer to those paid by private insurance.

Ohio's dental Medicaid reimbursement fees have not been increased for two decades, allowing Ohio to fall to the bottom 10-15% in the country in terms of fees. The lack of increased reimbursements, inflation, cost-of-doing business increases, staffing

challenges on top of all of the pandemic induced challenges have all come together to create a desperate situation for Ohio Medicaid population as providers drop the program.

We know as business owners that we need to either see less volume or increase our pay rates to staff even more, neither of which we can do at current Medicaid reimbursement rates. For the first time in our franchise history, one of our offices located in Hamilton closed its doors this past year, unable to overcome these issues. That office was already being swamped by Medicaid patients unable to find a local provider.

Many of our patients come to us because their dentists has stopped taking their insurance. Many drive one or two hours to see us because they have no other options closer to home. These problems are real and we see them every day.

A recent American Dental Association survey showed that Ohio ranks 42nd nationally in Medicaid reimbursement fees as a percentage of private insurance fees. Ohio's dental reimbursement fees are around 40% of private fees in the state. That same study indicated that the optimal percentage is 70%. At 70% of private fees, states experience an increase in the number of dentists participating in the Medicaid program.

Substitute House Bill 33 provides funding in the Medicaid Health Care Services line item to move Ohio's Medicaid dental service fees to 70% of current rates being paid in Ohio by private insurers. We urge the Senate to pass HB 33 with this critical provision intact.

Yes, it's more money. But it pales in comparison to money the taxpayers will spend when your safety net of Medicaid providers can no longer treat the population. ***We save you money.*** We prevent hundreds of patients every month from seeking treatment at emergency rooms. The average cost of an ER visit in Ohio as of December 2022 is \$1435. At current rates, we are reimbursed \$57.69 to extract a tooth from a patient who is having a debilitating dental emergency. Not only is that 25x more expensive per encounter, but also in most circumstances, no definitive care was provided to the patient and these patients are referred from the ER to us for treatment. The taxpayer pays twice.

Additionally, we provide care that is known to help prevent other systemic health concerns like diabetes, cardiovascular disease, dementia and pregnancy complications.

Chair Romanchuk and members of the committee. Thank you for allowing me to share the provider perspective to this challenge and I am happy to answer your questions.